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08/26/2004 SSITHIB2 00000030 10609478						(Signature)
01 FC:1501 02 FC:1504 03 FC:8001	1330.00 OP 300.00 OP 9.00 OP	CATA TRAL	DEMARIN			(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/609,478	07/01/2003		Yoji Hata		037133.52558US	2246
TITLE OF INVENTION: SE	EMICONDUCTOR MEMOR	RY APPARATUS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	09/23/2004
EXAMINER		ART UNIT	CI	ASS-SUBCLASS	$\neg$	
TRINH, HOA B		2814		257-201000	<del>_</del>	
CFR 1.363).  □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  □ "Fee Address" indication (or "Fee Address" Indication form and the correspondence address indication (or "Fee Address" Indication form and the correspondence address indication for the correspondence address indication form and the correspondence address indication for the correspondence address indication form and the correspondence address indication for			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  CRATERITY (victorial texts)			
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